



DSACF Therapy Scholarship Program

To help support the growth and development of children with Down syndrome throughout Central Florida, the Down Syndrome Association of Central Florida (DSACF), through a generous donation, offers a scholarship program for Speech, Language, Physical, Occupational, Music, Behavior and Sensory Integration Therapy. Other alternative therapy programs will be considered on a case-by-case basis. The DSACF Therapy Scholarship Program awards up to \$3,000 in financial assistance to DSACF member families toward the costs of the mentioned therapies.

Families who are selected for the award should commit to work with their child and therapist(s) and provide documentation of the child's participation in basic or supplemental early intervention/therapies. Scholarship awards may be renewed annually if an application is resubmitted and approved by the DSACF. Awardees should also commit to one (1) submission to the My Turn column of DownTown, the quarterly newsletter of the Down Syndrome Association of Central Florida.

DSACF member families who are interested in applying for the scholarship should review the enclosed information and complete and submit the enclosed application.

If scholarship funds are limited, applicants will be selected based upon: age of child and other available therapies, family income, and if child is identified as "underserved" (ie, rural community, racial/ethnic minority group status, etc)

Eligibility Requirements

Any DSACF member in good standing is eligible to apply. (This means that members have kept his/her \$20 annual dues up to date, payable August 1 of each year.)

How To Apply

Fill out the enclosed application, review checklist and submit.

Application Deadline and Notification Dates

Application deadline is February 1 and August 1 of each year. A Committee will review applications and scholarship recipients will be notified of their award in writing, via email or fax, and must sign an award acceptance letter.

Submitting a Completed Application

Please submit the enclosed application with the requested information and submit to:

Down Syndrome Association of Central Florida

2011 DSACF Therapy Scholarship Program

204 N. Wymore Road

Winter Park, FL 32789

OR FAX to:

407-478-5698

OR EMAIL to:

info@dsacf.org

Questions? Call us at 407-478-5621.

APPLICATION CHECKLIST

Please be sure that each of the following required items is included in your registration/application packet. Only individuals who submit a complete application package will be considered for a scholarship. If you are requesting a scholarship for more than one therapy, please identify those on the Application Form.

- A completed, signed Scholarship Application Form.
- A digital photograph of child (email to info@dsacf.org)
- A personal statement written by the scholarship applicant explaining why the scholarship is needed and its relevance/necessity for the child's development (under 250 words.)
- Most recent tax returns for parents and a statement indicating any extraordinary expenses (if applicable)
- A completed DSACF Membership Form and membership fee, if necessary. (May be completed online at www.dsacf.org by clicking on "Join Now.")

DSACF SCHOLARSHIP APPLICATION FORM

Please refer to the Scholarship Application Instructions and Checklist prior to completing this form. **THE FORM MUST BE PRINTED OR TYPED.** For your convenience, you may type on this form. When complete, print and sign prior to submission.

I. PERSONAL DATA

1. Name: _____ SS#: _____ E-mail: _____
2. Mailing Address: _____ City: _____
County: _____ State: _____ Zip Code: _____
3. Phone (Day) _____ (Evening) _____ (Other) _____
4. Child's Name: _____ SS# _____
Date of Birth: _____ Name of school (if any): _____
Other health concerns (if any): _____
5. How did you hear about the DSACF Therapy Scholarship Program?
 Friend Newsletter General Meeting
 Therapist (Name and Specialty): _____ Other (specify): _____
6. Who does child live with? _____
7. Are you a member of the DSACF? Yes No
8. Does child have Down syndrome? Yes No

II. EARLY INTERVENTIONS

1. What therapies does your child currently participate in? Physical therapy Occupational therapy Speech/Language therapy Infant stimulation Oral motor therapy Sensory Integration therapy Behavior therapy Vision therapy Auditory therapy
 Other (please specify): _____
2. Do you anticipate your child continuing in these therapies for the next 12 months? Yes No
If No, please explain: _____
3. Please indicate approximate out-of-pocket cost of therapies annually or monthly: _____
4. What additional therapies would you like your child to participate in? _____

III. SCHOLARSHIP AWARDS

The following information is required of all applicants.

1. Have you applied for a DSACF Therapy Scholarship in the past? Yes No
If yes, when? _____ Did you receive an award? Yes No If yes, amount? _____
2. Have you received any other scholarships from the DSACF in the past? Yes No
If yes, please list: _____
3. I am applying for (please circle all that apply and indicate amount requested):
General Therapy Scholarship _____

IV. PERSONAL STATEMENT

State why you feel you should be awarded this scholarship.

For example, what are your child's needs and goals? How do you think this scholarship or therapy can help your loved one attain these goals? (Please limit to under 250 words; attach with an additional sheet of paper if necessary.)

I certify that the above information is true and correct to the best of my knowledge and recognize that misrepresentation may result in forfeiture of consideration or award of a scholarship. I realize that the scholarship selection process is a competitive process and that application for consideration does not guarantee that I will receive an award.

Signature of Applicant: _____ Date: _____

Name (printed) _____

Please print, sign and submit this form to:

Down Syndrome Association of Central Florida

Therapy Scholarship Program

204 N. Wymore Road

Winter Park FL 32789

OR FAX to:

407-478-5698